

FILED

AUG 29 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Clear Form

E-filing

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

John N. Byrne

Plaintiff,

CASE NO. _____

vs.

*Michael J. Astrue,
Commissioner of Social
Security Administration*
Defendant.

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**

(Non-prisoner cases only)

MEJ

I, JOHN N. BYRNE,

declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed?

Yes ___ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 _____
 3 _____
 4 _____

5 2. Have you received, within the past twelve (12) months, any money from any of the
 6 following sources:

7 a. Business, Profession or Yes ____ No ☒
 8 self employment?

9 b. Income from stocks, bonds, Yes ____ No ☒
 10 or royalties?

11 c. Rent payments? Yes ____ No ☒

12 d. Pensions, annuities, or Yes ____ No ☒
 13 life insurance payments?

14 e. Federal or State welfare payments, Yes ☒ No ☒
 15 Social Security or other govern-
 16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
 18 received from each.

19 Food Stamps of \$150.⁰⁰ pm From Social Welfare
 20 CASH AID of \$160.⁰⁰ pm From Social Welfare.

21 3. Are you married? Yes ____ No ☒

22 Spouse's Full Name: _____

23 Spouse's Place of Employment: _____

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ _____ Net \$ _____

26 4. a. List amount you contribute to your spouse's support: \$ _____

27 b. List the persons other than your spouse who are dependent upon you for support
 28 and indicate how much you contribute toward their support. (NOTE: For minor

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ☐ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ☐ No ☐ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ☐ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

8. What are your monthly expenses?

Rent: \$ None Utilities: None

Food: \$ 200.00 (Food Stamps) Clothing: None

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
HSBC	\$ 50.00	\$ 1,400.00 (medical)
SEARS	\$ 18.00	\$ 950.00
	\$	\$

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

CARE Credit (medical) - \$5,000.00 owed
 Kaiser permanente (medical) - \$600.00 owed
 UCSF CLINIC (medical) - \$150.00 owed

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ___ No ✓

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

8/17/2008.
DATE


SIGNATURE OF APPLICANT